

Department of Health & Mental Hygiene Maryland Medicaid

NPI / UB04
HOSPITAL BILLING
Presentation

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Training Topics and Objectives

- Maryland Medicaid NPI Timeframes.
- NPI / Medicaid Legacy Provider Number Reporting
 - ❖ Prior to July 30, 2007
- NPI / Medicaid Provider Number Reporting
 - * After July 30, 2007
- □ UB04 Timeframes: Paper vs. Electronic
 Billing

Training Topics and Objectives

- □ UB04 Maryland Medicaid Required Fields -UB04 Form Locator Changes.
- □ FL 81 Qualifier B3: Taxonomy Code
- □ NPI/UB04 Maryland Medicaid Websites.
- □ NPI/UB04 Maryland Medicaid Contact Information.

Medicaid Timeframes - NPI

- April 16, 2007 July 30, 2007: Department has implemented a dual—use period. During this period, providers can use both their 9-digit Medicaid legacy provider number and their NPI on electronic claim transactions.
- ❖ Providers <u>must</u> continue to use their 9-digit legacy Medicaid provider number on claims submitted prior to July 30, 2007. The Program will adjudicate claims using the Maryland Medicaid legacy provider number prior to July 30, 2007.

NPI / Legacy Reporting – Prior to July 30, 2007

Paper Claims – UB92:

- Report your 9-digit pay-to Medicaid legacy provider number in FL 51 on the UB92.
- Report the 9-digit Attending Physician Medicaid ID in FL 82 on the UB92.
- Report the 9-digit Surgical Physician Medicaid ID in FL 83 on the UB92.

NPI / Legacy Reporting – Prior to July 30, 2007

Electronic Claims:

- Report 9-digit Medicaid legacy provider numbers in all provider number fields.
 Medicaid will adjudicate claims based on the pay-to Medicaid ID.
- NPI numbers can be submitted during this dual-use phase, but 9-digit Medicaid provider numbers **must** be reported.

NPI / Legacy Reporting – After July 30, 2007

Paper Claims – UB04:

- Report the 10-digit pay-to NPI number in FL 56 on the UB04.
- Report the 9-digit pay-to Medicaid legacy provider number in FL 57 on the UB04
- Report the 10-digit NPI Attending Physician ID in FL 76 on the UB04.
- Report the 10-digit NPI Surgical Physician ID in FL 77 on the UB04.

NPI / Legacy Reporting – After July 30, 2007

Electronic Claims:

- NPI must be sent in the Provider 837 loop's NM1 segment (NM109) along with the Medicaid ID in the REF 1D segment (REF02) until further notice
- Continue to submit the 9-digit pay-to Medicaid legacy provider number in the REF 1D segment after July 30th. During the dual use phase, the program will continue to use the legacy ID to adjudicate and pay claims until it determines the NPI can be successfully crosswalked to a Medicaid ID. As we proceed the program will determine when the dual use phase will be eliminated. Providers will be notified in advance.

UB04 Timeframes-Paper Claims vs. Electronic

Paper Claims:

- Prior to July 30, 2007 use the UB92 to submit paper claims.
 - > UB04 claims will be returned.
- After July 30, 2007 the UB04 must be used to submit paper claims.
 - > UB92 claims will be returned.

UB04 Timeframes-Paper Claims vs. Electronic

Electronic Claims:

- Prior to July 30, 2007, the use of the UB92 format is acceptable by Maryland Medicaid electronically.
- After July 30, 2007, only the UB04 format may be used.

UB92

- FL 02 Untitled: Leave
 Blank for Internal use
 (ICN)
- FL 03 Patient Control Number: Maximum 20 characters reported back to RA
- FL 23 Medical Record Number: 13 positions may be entered.

UB04

- FL 02 Pay-to Name and Address: Leave Blank for internal use (ICN)
- FL 03a Patient Control Number: NUBC expands field to 24 – a maximum 20 characters will be reported back to RA by Medicaid.
- FL 03b Medical Record
 Number: Optional field 13
 positions may be entered.

UB92

FL 04 – Type of Bill:
 3-digit code.

UB04

• FL 04 – Type of Bill:

4-digit code. Do NOT report the leading zero on paper claims. Report only the 3-digit Type of Bill as noted on the Type of Bill matrix in the UB04 billing instructions.

Note: Medical Assistance will not be accepting any void or replacement Type of Bill Frequency codes.

UB92

FL 07 – Covered Days

FL 08 – Non-Covered
 Days

UB04

- Number of covered days must be shown using Value Code 80 in FL 39-41.
 Report the days rightjustified to the left of the dollar/cents delimiter.
- Number of non-covered days must be shown using Value Code 81 in FL 39-41.
 Report the days rightjustified to the left of the dollar/cents delimiter.

UB92

- FL 06 Statement Covers Period (From/Through)
- FL 12 Patient Name
- FL 14 Patient Birth Date
- FL 17 Admission/Start of Care Date
- FL 18 Admission Hour
- FL 19 Type of Admission
- FL 20 Source of Admission

UB04

- FL 06 Statement Covers Period (From/Through)
- FL 08b Patient Name
- FL 10 Patient Birth Date
- FL 12 Admission/Start of Care Date
- FL 13 Admission Hour
- FL 14 Priority (Type) of Visit
- FL 15 Source of Referral for Admission or Visit

UB92

- FL 22 Patient Status
- FL 24-30 Condition
 Codes
- FL 32-35 Occurrence
 Codes and Dates

UB04

- FL 17 Patient
 Discharge Status
- FL 18-28 Condition
 Codes
- FL 31-34 Occurrence
 Codes and Dates

24, 25 – TPL override codes

<u>42</u> – Date of Discharge

<u>A3</u> – Benefits Exhausted (LTC hospitals only)

UB92

FL 36 – Occurrence
 Span Codes and
 Dates

UB04

 FL 35-36 – Occurrence Span Codes and Dates

74 – Leave of Absence dates

<u>75</u> – Administrative Day dates

76 – Patient Liability/ Spenddown Amount Dates (previously code 80)

UB92

 FL 39-41 – Value Codes and Amounts

UB04

 FL 39-41 – Value Codes and Amounts

66 – Medicaid Spend Down Amount (previously D3)

80 – Covered Days (previously FL 07)

81 – Non-Covered Days (previously FL 08)

82 – Coinsurance Days (previously FL 09)

83 – Lifetime Reserve Days (previously FL 10)

UB92

- FL 42 Revenue
 Codes
- FL 44 HCPCS/Rates

FL 45 – Service Date

UB04

- FL 42 Revenue Codes
- FL 44 HCCPS/
 Accommodations
 Rates/ HIPPS Rate
 Codes

HCPCS – 5 digit code required – modifier not required.

FL 45 – Service Date
 Not required (Lines 1-22)
 Line 23 – Creation Date
 Required.

UB92

- FL 46 Units of Service
- FL 47 Total Charges

 FL 48 – Non-Cov'd Charges

UB04

- FL 46 Units of Service
- FL 47 Total Charges

Line 1-22: Line item charges

Line 23: Total (Summary) Charges – on final page.

FL 48 – Non-Cov'd Charges

Line 1-22: Line item charges

Line 23: Total (Summary) charges – on final page.

UB92

- FL 54 Prior Payments
- FL 56 Untitled
- FL 57 Untitled

FL 60 – Insured's
 Unique ID Patient's 11-digit Medicaid ID

UB04

- FL 54 Prior Payments
- FL 56 National Provider Identifier (NPI)
- FL 57 Other (Billing)
 Provider Identifier 9digit Maryland Medicaid
 ID
- FL 60 Insured's
 Unique ID Patient's 11digit Medicaid ID

UB92

- FL 63 Treatment
 Authorization Code
 8-digit 3808 document #
- FL 67 Principal Diagnosis Code

68-75 – Other Diagnosis
 Codes

UB04

- FL 63 Treatment
 Authorization Code
 8-digit 3808 document #
- FL 67 Principal Diagnosis Code/ Present on Admission Indicator – (POA not required)
- FL 67 a-q Other Diagnosis Codes
- FL 71 PPS Code
 Enter 3-digit DRG Code
 assigned to claim

UB92

- FL 80 Principal Procedure Code and Date
- FL 81 a-e Other Procedure Codes and Dates
- FL 82 Attending
 Physician ID Number

Report 9-digit Medicaid ID or "dummy numbers".

UB04

- FL 74 Principal Procedure Code and Date
- FL 74 a-e Other Procedure Codes and Dates
- FL 76 Attending Provider Name and Identifiers

Report 10-digit NPI number.

UB92

FL 83 – Other
 Physician Identification
 Number

Report 9-digit Medicaid ID or "dummy numbers".

UB04

 FL 77 – Operating Physician Name and Identifiers

Report 10-digit NPI number.

FL 81 – Code-Code
 Field

B3 – Taxonomy Codes *see next slide for more detailed information

UB04 FL 81 – Qualifier B3: Taxonomy Codes

Specialty	Bill Type(s)	Subspecialties	Taxonomy Code
Acute General Hospital	<u>IP:</u> 111, 112, 113, 114, 115, 121 <u>OP:</u> 131, 135	Submit only the acute hospital taxonomy code.	282N00000X
Acute Rehab. Hospital	<u>IP:</u> 111, 112, 113, 114, 115 <u>OP:</u> 131, 135	Stand-Alone Rehab Hospital	283X00000X
Acute Rehab. Hospital	<u>IP:</u> 111, 112, 113, 114, 115 <u>OP:</u> 131, 135	Acute General Hospital - Rehab Unit	273Y00000X
Special Other Acute Hospitals	<u>IP:</u> 111, 112, 113, 114, 115 <u>OP:</u> 131, 135	Acute Pediatric Inpatient	282NC2000X

UB04 FL 81 – Qualifier B3: Taxonomy Codes

Specialty	Bill Type(s)	Subspecialties	Taxonomy Code
Chronic Rehabilitation Hospital	<u>IP:</u> 151, 152, 153, 154, 155		282E00000X
Chronic Hospital	<u>IP:</u> 151, 152, 153, 154, 155		281P00000X
Special Other Chronic Hospitals	<u>IP:</u> 151, 152, 153, 154, 155	Chronic Pediatric Inpatient	281PC2000X

Medicaid NPI/UB04 Websites:

- http://dhmh.state.md.us/mma/mmahome.html
 - Medicaid Time Frame FFS Packets
 - Medicaid Billing Instructions Effective 7/30/07
 - > NPI Bulk Acceptance File
 - NPI Time Frame Memos: Home Health Agencies, Private Duty Nursing & Pharmacies.
 - > NPI Outreach Letters
 - Links to National NPI Information
- http://www.dhmh.state.md.us/hipaa/transandcodesets.
 html
 - Electronic Companion Guides

Medicaid NPI/UB04 Contact Information:

NPI Questions

NPIMedicaid@dhmh.state.md.us

UB04 Billing/Claim Questions

- Institutional Provider Relations Hotline: 410-767-5457
 - Acute Hospitals, Acute Rehab Hospitals, LTC Hospitals, Nursing Facilities, Home Health, Free-Standing Dialysis Facilities.

UB04 Electronic File Problems/Questions

- HIPAAEDItest@dhmh.state.md.us (only for providers who are testing with Maryland Medicaid)
- <u>EDIOPS@dhmh.state.md.us</u> (only for providers who are already in production with Maryland Medicaid)